U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved Office of Management and Budget No. 1215-0188 Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 7//S	2. Fiscal Year Covered From:		
	1 / 1 / 2004 Through: 12 / 31 / 2004		
3. Name and address of person filing.	4. Name, file number, and address of labor organization.		
Name James E Pannell	Name USW (Formerly PACE)		
	Labor Organization File Number 000-318		
P.O. Box, Bldg., Room No., if any P O Box 1475	P.O. Box, Building and Room Number, if any P O Box 1475		
Street 3340 Perimeter Hill Drive	Street 3340 Perimeter Hill Drive		
City Nashville	City Nashville		
State Tennessee ZIP Code + 4 37211-4124	State Tennessee ZIP Code + 4 37211-4124		
5. Position in labor organization. Administrative Vice President			
A. Held an interest in, engaged in transactions (including loans) with, or monetary value from an employer whose employees your organization. 6. Name and address of Employer (including trade name, if any). Name N/A Trade Name, if any: P.O. Box, Bldg., Room No., if any	derived income or other economic benefit of on represents or is actively seeking to represent. 7.a. Nature of Interest, Transaction, or Income. 7.b. Amount.		
City			
State ZIP Code + 4			
Signature			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)			
<u>_</u>	ring documents), has been examined by the signatory and is, to the best of the ction on penalties in the instructions.)		

Name of Person Filing James Pannell		File Number U-		
B. Held an interest in or derived income or economic benefit with monetary val substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is actively any part of which consists of buying from or selling or leasing directly or incidealing with your labor organization or with a trust in which your labor organization.	wise dealing with the business vely seeking to represent, or lirectly to, or otherwise			
8. Name and address of Business (including trade name, if any). Name AllianceBernstein Investment Research & Mgmt	9. Business deals with:			
Trade Name, if any:	a. Labor Organizat	ion		
P.O. Box, Bldg., Room No., if any Street 8208 Young Court	c. Employer			
City Plano State Texas ZIP Code + 4 75025-4321				
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealir	ig.	refs.yelloreaterswyponium uponiqui intersyretionium intersection	
Name PACE Industry Union-Mgmt Pension Fund-PIUMPF Trade Name, if any:	Money manager.			management of the American
P.O. Box, Bldg., Room No., if any				
Street 3320 Perimeter Hill Drive	11.b. Approximate dollar value	e of such dealing.	The state of the s	dental control
City Nashville	12.a. Nature of interest held	l or income received.		
State Tennessee ZIP Code + 4 37211-4123	6/21/04 - Benefit 1 (Spouse a	also in attendan		manna sandhasand an e sa - masara - a dhemanasan m
	12.b. Amount.			\$85
C. Received from any employer (other than an employer covered unde or from any labor relations consultant to an employer any payment of money				
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	ен се и поменения е е и поста и поста поста се менения и поста изили в да температ д	de de de termo en especial de tentro de la colonia de l	
Name N/A				
Trade Name, if any:	AA GOGG AA AAAAAAAAAAAAAAAAAAAAAAAAAAAA			
P.O. Box, Bldg., Room No., if any	The control of the co			
Street	Posterior de la constante de l			
State ZIP Code + 4	The state of the s			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.	nn e e e e e e e e e e e e e e e e e e		

Name of Person Filing J	ames Pannell	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name Bank of New York Company, Inc.	a. Labor Organization	
Trade Name, if any:	a. Labor Organization	
P.O. Box, Bldg., Room No., if any	b. Trust	
Street One Wall Street	c. Employer	
City New York		
State New York ZIP Code + 4 10286-0001		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	for being control or special control of the control
Name PIUMPF (See page 2)	Money manager.	
Trade Name, If any:		111111111111111111111111111111111111111
P.O. Box, Bldg., Room No., if any		75 / / / / / / / / / / / / / / / / / / /
Street		***************************************
City		· · · · · · · · · · · · · · · · · · ·
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	en Samuel and Art and
With special permitting and approximately and the state of the state o	12.a. Nature of interest held or income received.	
	6/22/04 - Benefit Funds Trustee me	eting dinner
	(Spouse also in attendan	ce)
	12.b. Amount.	\$225

Name of Person Filing James Pannell	File Number U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name ICC Capital Management, Inc.	a. Labor Organization	
Trade Name, if any:	Longon ()	
P.O. Box, Bldg., Room No., if any Suite 2700	b. Trust	
Street 390 North Orange Avenue	c. Employer	
City Orlando		
State Florida ZIP Code + 4 32801-1643		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	ANN CONTROL OF THE CO
Name PIUMPF (see page 2)	Money manager	
	-change-	
Trade Name, if any:	Transport of the Control of the Cont	:
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	an alama makama and alama and a alama disabah an anaka a a a a a a a a a a a a a a a
	6/23/04 - Benefit Funds Trustee me	eting dinner.
	(Spouse also in attendan	ce)
	Account of the control of the contro	
	The Commentation	:
	The state of the s	New yorgan among an ay among squared specific and a second specifi
	12.b. Amount.	\$122

8. Name and address of Business (including trade name, if any).	9. Business deals with:	
Name MassMutual Financial Group	a. Labor Organization	
Trade Name, if any: MML Investors Services, Inc.	b. Trust	
P.O. Box, Bldg., Room No., if any	c. Employer	
Street 1295 State Street	C. Citipioyer	
City Springfield		
State Massachusetts ZIP Code + 4 01111-0001		
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name PIUMPF (see page 2)	Money manager.	
Trade Name, if any:		Administration of the second
P.O. Box, Bldg., Room No., if any		
Street		1
City		
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	
	12.a. Nature of interest held or income received.	
	6/24/04 - Benefit Funds Trustee meeting dinner	
	(Spouse also in attendance)	
	12.b. Amount. \$:	140

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Name of Person Filing James F	Pannell	File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Security Asset Capital Corporation	a. Labor Organization
Trade Name, if any:	Amount
P.O. Box, Bldg., Room No., if any P O Box 9098	b. Trust
Street 16236 San Diequito Road	c. Employer
City Rancho Santa Fe	
State California ZIP Code + 4 92067-4098	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name PIUMPF (see page 2)	Money manager.
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	The state of the s
Street	And the second s
City	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.
	12.a. Nature of interest held or income received.
	11/15/04 - Benefit Funds Trustee meeting dinner (Co-hosted with Thompson Seigel listed below. Dinner amount was \$90 total, divided 50/50.) (Spouse also in attendance)
	12.b. Amount. \$45

Name of Person Filing James Pannell	File Number U-

8. Name and address of Business (including trade name, if any). Name Thompson, Seigel & Walmsley, Inc. Trade Name, if any: P.O. Box, Bldg., Room No., if any Bank of America Corp Cntr Street 5000 Monument Avenue City Richmond State Virginia ZIP Code + 4 23230-3600	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name PIUMPF (see page 2) Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	Money manager	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.	7 (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
	12.a. Nature of interest held or income received. 11/15/04 - Benefit Funds Trustee m	y Asset listed as \$90 total,
	12.b. Amount.	\$45

Name of Person Filing	James I	Pannell	File Numl	oer U-

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Bank of America Corp.	a. Labor Organization		
Trade Name, if any:	b. Trust		
P.O. Box, Bldg., Room No., if any Bank of America Corp. Cntr	b. Trust		
Street 100 N. Tryon Street	c. Employer		
City Charlotte			
State North Carolina ZIP Code + 4 28255-0001			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.		
Name PIUMPF (see page 2)	Money manager.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any			
Street		:	
City		:	
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.		
	12.a. Nature of interest held or income received.	on standard and a standard or a supply when a superior and an analysis of the superior and super	
	11/16/04 - Benefit Funds Trustee m (co-hosted with MassMut Dinner amount was \$100 50/50.) (Spouse also in attenda	ual listed below. total, divided	
	12.b. Amount.	\$50	
	LE.D. PRODUIT.	420	

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Name of Person Filing Jame	es Pannell		File Number U-	

8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name MassMutual Financial Group	a. Labor Organization		
Trade Name, if any: MML Investors Servicies, Inc.	Beginner I		
P.O. Box, Bldg., Room No., if any	b. Trust		
Street 1295 State Street	c. Employer		
City Springfield			
State Massachusetts ZIP Code + 4 01111-0001			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Name PIUMPF (see page 2)	Money manager.		
Trade Name, if any:			
P.O. Box, Bldg., Room No., if any		a control de deservatores de la control de l	
Street			
City			
State ZIP Code + 4	11.b. Approximate dollar value of such dealing.		
	12.a. Nature of interest held or income received.	V	
	11/16/04 - Benefit Funds Trustee mo (Co-hosted with Bank of A	America listed	
	above. Dinner amount wadivided 50/50.)	as \$100 total,	
	(Spouse also in attendan	ce)	
		:	
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	12.b. Amount.	\$50	